**Wallowa County Cultural Trust Coalition**

**P.O. Box 426, Joseph, OR 97846**

*The Wallowa County Cultural Trust Coalition provides financial support to individuals and organizations who contribute to the culture of our County through their efforts in the areas of arts, humanities and heritage.*

*We fund a wide range of cultural activities that celebrate the diverse cultural heritage of Wallowa County.* ***Applicants must be residents of Wallowa County and projects must contain a public component that increases access to local culture****.*

Organization or applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Wallowa County resident): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested $ \_\_\_\_\_\_\_\_\_\_\_\_ Grants are generally $250-$1,000

1. Brief History of Organization/Applicant: include experience, mission/vision statement and area of expertise.

2. Briefly describe your project including timeline, expected outcomes and benefits to our Wallowa County community.

3. How does your project add to local culture in arts, heritage and/or humanities?

4. Project Budget: Please include all expenses and all sources of revenue that are committed and those that are pending. Be sure to indicate what aspect of your project will be funded by our grant.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

**Application must be signed and received by October 31, 2020 for fiscal year 2021 project funding.**

**Mail application to WCCTC P.O. Box 426, Joseph, OR 97846 or**

**Email** (must have signature) **to:** [**WCCTCoalition@gmail.com**](mailto:WCCTCoalition@gmail.com)**.**

**For questions: Asch Humphrey, WCCTC Chairperson, 541-263-1258**